

Print this form and bring it to your occupational or physical therapist. Get assistance to take proper measurements and then use the information to complete your order. Each LuxArm is custom built and can *only* be ordered online at [www.ActiveArmSupports.com](http://www.ActiveArmSupports.com).

*LuxArm*

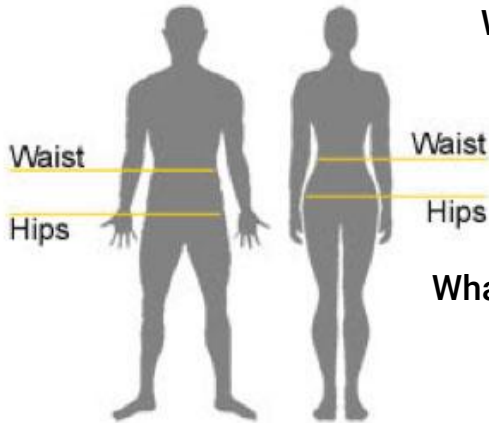
## Measurement Tool



Which arm is affected?

	<b>RIGHT Arm</b>
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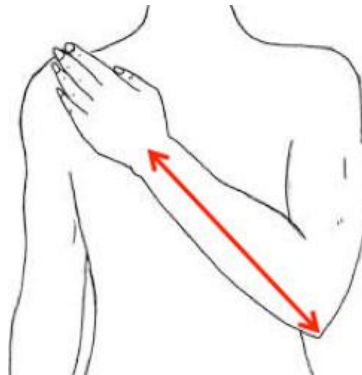
	<b>LEFT Arm</b>
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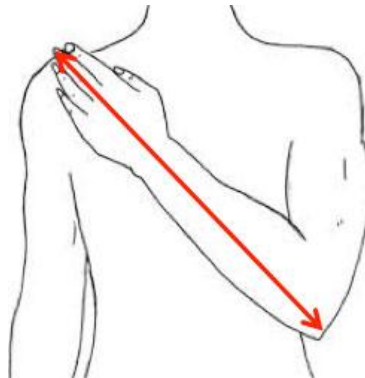
What is your **HIP** measurement (inches around)?

What is your **WAIST** measurement (inches around)?

What is your **ELBOW to WRIST** measurement (inches)?



What is your **ELBOW to MIDDLE FINGER TIP** measurement (inches)?



What is your **HEIGHT** (feet, inches)?

What is your **WEIGHT** (pounds)?

*Thank you!*

Feel free to contact us at [info@activearmsupports.com](mailto:info@activearmsupports.com) if you have any questions.  
Please transfer the information to the online order form carefully!

Note: There is a separate measurement tool for the Bilateral LuxArm due to the need for individual arm measurements.